

Date Received:

Arizona Address Confidentiality Program

Office of the Arizona Secretary of State
Mailing Address: 1901 W. Madison St., Phoenix, AZ 85009-5287
p. (602) 542-1892 f. (602) 542-3251 e. acpinfo@azsos.gov



EMERGENCY DISCLOSURE of PARTICIPANT INFORMATION FORM

ARS §41-167 (N) "... An official or agency receiving information pursuant to this subsection shall certify to the Secretary of State that the official

	am seeking the emergency disclosure of the actual address or pl				
for the following participant enrolled in the Arizona Addres	ss Confidentiality Program:				
Participant Name	ACP Apt #				
certify that the requested information is require	d pursuant to a:				
☐ Trial					
Hearing					
Investigation					
Other proceeding					
AND	(Type of proceeding)				
_	cted from the public and personnel who are not	involve			
☐ I certify that the information will be prote hearing, proceeding, or investigation.					
☐ I certify that the information will be prote					
I certify that the information will be prote hearing, proceeding, or investigation. The confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the confidential address may	ng secured fax number: Contact Phone Number				
I certify that the information will be prote hearing, proceeding, or investigation. The confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the following the confidential address may be faxed to the confidential address may	ng secured fax number:				
I certify that the information will be prote hearing, proceeding, or investigation. The confidential address may be faxed to the following the second secon	ng secured fax number: Contact Phone Number				
I certify that the information will be prote hearing, proceeding, or investigation. The confidential address may be faxed to the following Name of Person Seeking Disclosure (Title &/or Badge # if applicable) Signature	ng secured fax number: Contact Phone Number Date:				

Date Processed:



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ACP	Office	Use	Only
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